

but my assistant, that very clever young surgeon, Dr. Bernard Henry, who was standing alongside of Mr. F. at the time of the accident, applied pressure to the neck with his fingers, and had him conveyed to the cabin. The hemorrhage was considerable; but it was evident, in a moment, that the carotid was intact, and that the superior labial, dorsal artery of the tongue, sub-lingual, and probably a branch of the superior thyroid, were the principal arteries involved. The cut surface of the upper lip being smooth, was closed by sutures. The spindle had rather a sharp point, which was coated with platina. Cold acidulous drinks were given, and perfect quietude in the horizontal position enjoined.

The teeth were never found: the tongue had the appearance of having one of them embedded in its centre, but it could not be felt. For two days there had been free bleeding from the mouth, and lower orifice on the neck; and styptic applications, without pressure, were the only means admissible. We were ready at any moment, if requisite, to tie the common carotid, below the superior thyroid; but after forty-eight hours, the bleeding, in a great measure, ceased. The period of sloughing was watched with some anxiety, but it passed by without hemorrhage: and in the course of four weeks, the patient was about decks again, the wounds all having healed, and with a scarcely perceptible scar upon the upper lip. The middle of the tongue remained enlarged; and whether from this cause, or injury of the sub-lingual nerve, there was a slight impediment in the speech, for a few weeks. Had the arteries of the tongue only been involved in the injury, I should not have hesitated to pass a strong curved needle with a ligature, through that body, and thus command the hemorrhage:—so little danger is there, in my opinion, in operations upon this organ. To the untiring attention of assistant-surgeon Henry was the patient mainly indebted for his speedy and happy recovery.

NAVY YARD, Portsmouth, N. H., July, 1848.

ART. III.—*Extracts from the Records of the Boston Society for Medical Improvement.* By SAMUEL PARKMAN, M. D., Secretary.

Jan. 24th, 1848.—*Hydrocephalic Child.*—Dr. Storer presented two drawings for the cabinet, and read the following account of the case with measurements, &c. The child was examined at Brighton October 29th, 1847. It was then five years and six months old. It died about a fortnight since, being about five years and nine months old.

Its head measured as follows:—

Circumference, $27\frac{3}{4}$ inches; from centres of meatus auditorii, $17\frac{3}{4}$ in.; from base of nose to occipital ridge 19 in.; from base of nose to hair on

forehead, $3\frac{3}{4}$ in.; from meatus to posterior fontanelle, $5\frac{1}{2}$ in.; from forehead to occiput, $10\frac{3}{4}$ in.; greatest transverse width, $7\frac{1}{2}$ in.; from meatus to frontal protuberance of the same side, $4\frac{1}{6}$ in.; space between internal canthi $1\frac{3}{4}$ in.; weight of head $10\frac{1}{2}$ lbs.; of body, including head, $22\frac{1}{2}$ lbs.; fontanelles nearly ossified.

The *head* was large at birth, and increased rapidly during the first six months. The growth of the body has been very slow; the muscles of the extremities are attenuated and feeble; he has never been able to bear his own weight; when a year old he crept; but he makes no effort to move now; he either sits upon the floor or is supported in a chair.

He is easily frightened; has had frequent falls with injury to the head. When fourteen months old he had two convulsions, supposed owing to indigestible food, and has since frequently appeared as if about to have a recurrence of the fits. Had no increased difficulty while teething; had *chicken-pox* and *whooping-cough* the same winter without any particular trouble. The appetite has always been good, and he has eaten as much as common children. The sleep is good, and he uniformly wakes early in the morning, and seems cheerful and happy. Although the evacuations have not passed involuntarily, yet, for the most part, they have occurred without giving warning, resembling infants in this respect. The urine has always been passed in bed, and has sometimes been immoderate in quantity.

Tapping in Hydrocephalus.—Dr. S. Parkman had performed this operation five times at intervals of a week in a child six months of age, drawing off about ten ounces of fluid each time; the punctures were made at the anterior fontanelle, on the side of the median line, and the instrument, a fine trochar, entered about two inches. The head measured twenty inches in circumference, and the fontanelles were large and bulging. The child was comatose; occasionally moaning; pupils dilated and insensible without strabismus. Pulse small and feeble; appetite as usual, and bowels inclined to costiveness. After each tapping, the head was carefully strapped with adhesive plaster, and the child aroused in a very marked manner. The fluid, however, rapidly regenerated each time, and death occurred after the fifth tapping, without any change of symptoms. At the autopsy the convolutions were found flattened, and the cerebral substance about half an inch thick; the ventricular cavities contained a pint of clear fluid. No signs of inflammation produced by the operations.

Drawings and Daguerreotype views of Intestines, consequent upon the Diarrhœa following British Typhus, as seen in Boston.—Dr. Bowditch exhibited these, the property of Dr. Upham, who had caused them to be executed, the former by Mr. Leagur, the artist; the latter, by Mr. Whipple. The appearances were remarkably well shown in both cases. The

appearances were a vivid redness of the upper portion of the small intestine, and the mucous membrane near the ileo-cæcal valve was thrown into large elevated transverse rugæ of a mottled red and dark or dirty white colour. Some of these rugæ (in the original specimens) were three or four lines high and one thick. The intervals were paler; but the whole of the membrane had lost its wonted polish. Peyer's patches were seen perfectly healthy, making depressions in the rugæ. The large intestines were greatly discoloured, and the mucous membranes thickened, and in parts ulcerated. The isolated glands were very distinct in the plates. Dr. Upham had noticed, among the emigrants convalescing from typhus, a disposition to diarrhœa, with slimy, but rarely bloody discharges; at times relieved, usually only temporarily so, generally returning with increased severity, and almost universally fatal. This symptom commenced ten or twelve days after convalescence, usually traceable to some dietetic error. Death took place usually from one to two months after the diarrhœa began, and, on examination, the above appearances, or others wholly similar, were universally observed.

Feb. 14th.—Spontaneous Laceration of the Pericardiac Aorta.—Dr. J. B. S. Jackson exhibited the specimen from a patient of Dr. Catling, of Roxbury, associate member of the society. A man, sixty years of age, of healthy appearance, but rather dyspeptic, ate heartily of ham at breakfast, to which he was not accustomed, and again at noon. In the evening he complained of nausea and faintness, and by Dr. C.'s advice took an emetic. The pulse was noted as rather small. Nothing unusual occurred during the first part of the night; but about two, his wife was awakened by his oppressed breathing, and he soon died.

On dissection, the cavity of the pericardium contained about six ounces of fluid and coagulated blood. The aorta, which was shown to the society, presented a laceration about half way between the valves and the arch, extending through the entire thickness of the vessel, and in a spiral direction, so as to involve more than its circumference. The pericardium was stripped up from the anterior face of the aorta, forming a large cavity filled with blood, and which had finally burst. In regard to structure the ascending aorta was almost perfectly healthy, and the descending portion was but moderately diseased. The edges of the laceration were nearly as smooth as if cut with a knife. The heart and other organs were healthy.

Colloid Cancer of the Stomach.—Dr. J. B. S. Jackson presented the specimen from a patient of Dr. H. Storer, a short, fat, healthy looking woman, of forty-five years of age. The antecedents were dyspeptic feelings for a year; frequent vomiting, with distress at stomach, and loss of appetite for five or six weeks—two weeks before death. Dr. S. being consulted, discovered epigastric tumour. The appearance of health was

preserved to the last, and the patient was out as usual within a month of her decease.

The stomach, which was presented to the society, and is in the cabinet, showed the appearances of colloid cancer very well marked, involving the entire circumference of the pyloric portion to the extent of four or five inches, and encroaching slightly upon the duodenum. The mucous membrane was first affected, and afterwards the muscular, the sub-mucous cellular tissue being but little implicated; the maximum thickness was two-thirds of an inch; the surface was ulcerated to but a slight extent. From the anterior face of the stomach there projected externally a mass of the same disease of considerable size, and from the posterior face a similar one, but smaller. Two or three other small masses were also seen in the substance of the organ near the small curvature, and in the omentum near the large curvature were traces of the disease. The stomach was large and the mucous membrane in the portion not diseased, presented a uniform redness without other change. All the other organs were perfectly free from malignant disease.

28th.—*Rupture of the Aorta.*—The specimen was presented by Dr. Jackson, who gave the account of the case as follows:—A man, fifty-six years of age, and enjoying good health, was out of town on Tuesday afternoon, returning in the evening, and supping about 9 P. M. Soon after, he was seized with pain at the epigastrium, extending through to spine. During the night there were vomiting and inability to lie down. In the morning Dr. Gay saw him, and prescribed opiates with some relief. The pain continued during the day, which was passed without lying down, and he died at 4½ P. M. At the autopsy about two or three ounces of blood were found in the pericardium, and the aorta was ruptured in about two-thirds of its circumference just above the valves. The internal coats of the artery having given way, the blood had dissected a passage for itself until it finally reached the internal iliacs, where perforation of the inner coat again took place upon the right side, and the blood returned into its former channel; the branches from the arch were also dissected. This dissection involved mostly the posterior parietes of the aorta, and nearly or quite one-half of its circumference, the fibres of the middle arch being seen upon both surfaces along the false passage. The tissues of artery were nowhere much diseased, and apparently perfectly healthy at the place of rupture, except an appearance as of an old laceration, which had been cicatrized just above the valves.

Apparent Conjunction of Cancer and Tubercle in the same Organ—the Testicle.—Dr. Jackson presented the specimen removed by Dr. S. Parkman at the Hospital. A married man, thirty years of age, eighteen months since first noticed a swelling of the right testis, which has gra-

dually and without pain attained the present size, that, say, of two oranges. Six weeks since, in the country, it was punctured under the idea of its being a hydrocele, which it much resembled in shape. Since then a little pus had been squeezed out each day at the opening. The integuments were tense, with several enlarged veins, and non-adherent except at the point of puncture—from which a drop or two of pus exuded, of the character usually styled scrofulous. The size of the tumour, the enlarged veins, the non-adhesion of the integuments, and the peculiarly elastic feeling suggested malignant disease; but the scrofulous pus seemed clearly to indicate tubercular deposition. The organ exhibited showed the whole of the testicle to be the seat of a tubercular abscess, which had destroyed nearly the whole tissue, while the epididymis showed well marked encephaloid disease. Dr. Parkman had examined both these tissues microscopically, and found in the latter a well marked stroma, and the irregular nucleated cells as signs of malignant disease; in the former the microscopic appearances were not perfectly conclusive as regards the disease being tubercular. Dr. Jackson spoke of this yellow, opaque, tuberculoid formation, as he called it, as being not at all uncommon in otherwise well characterized encephaloid masses.

March 13th. Arm presentation—delivery effected with the aid of Etherization.—Dr. Channing within three weeks had seen three cases. In the first, the cord and hand were in the vagina. Chloroform was administered, a foot reached, and the child was born alive. In the second, labour had continued four days, and the child had been dead some time. Ether was employed, and turning effected, and the mother did well. In the third, Dr. C. saw the woman on the fifth day, as reported by the attendants—the child was dead, and the arm enormously swollen. Etherization was effected; amputation at the shoulder and evisceration practised, and the mother did well. In all three, the advantages of the anæsthetic state were well marked, both in the facility it afforded to the operator, and the prevention of suffering for the mother.

27th. Paralysis of Long Thoracic Nerve.—Dr. Bowditch exhibited the subject, a man twenty years of age. The antecedents were typhoid fever in November, convalescence from which was rather tardy. The deafness was considerable, which still continues slightly. During convalescence, he observed the right arm weaker than the other, especially in all the motions requiring its raising. He commenced work, that of a soap stone cutter, about ten days since, when one of his companions noticed an unusual prominence of the shoulder-blade. The phenomena at present, and as exhibited to the Society, are:—a very slight projection of the base of right scapula from the side of the chest. When the arm is raised forwards, this projection increases in a very extraordinary degree, the base of

the scapula forming a high ridge, admitting the fingers to be passed quite into the fossa subscapularis. The arm cannot be raised above a right angle. The serratus magnus anticus was evidently the paralyzed muscle.—When the scapula is supported behind by the hand of another, the arm can be readily raised by the patient. There is no other paralysis, or affection of the nerves of special sense, save the slight deafness already mentioned. General health good. A mechanical support and electricity were suggested as treatment.

April 10th. Ovum blighted and retained for a long time.—Dr. Jackson presented the specimen from a patient of Dr. Putnam. A healthy woman, mother of nine children, supposed herself to have conceived in November. All the symptoms of pregnancy were not present, however, and the existence of this condition remained uncertain, until abortion took place, about a week since. The fœtus which was exhibited was about the size of a fly. The point of interest, Dr. J. remarked, was the retention of the ovum so long after its blight, of which there have been several instances presented to the Society, though such cases are not described by obstetric writers, so far as he is aware.

Very large bodies successfully removed from knee-joints.—Dr. Stedman presented the specimens to be placed in the cabinet. The patient was a man, forty-three years of age, confined in the House of Correction as a common drunkard. At the age of seventeen he began to have swelling of the knees, with severe and constant pain, without any known cause. This continued for about three years, when he first discovered a movable tumour in right knee, just above patella, which has continued to increase till the present time. A similar tumour soon after appeared in the left knee. These tumours have had the effect to impede walking, he being often suddenly seized with pain in the knee, and inability to move further, the tumours being always perceptible at these times. These tumours have increased with his age. Dr. S. operated upon the right knee March 22d, and on the left, April 1st. In both cases, the bodies were brought to the outside of knee, and being maintained there, the skin over them was drawn to one side, in order that the wound of the capsule of the joint might not be parallel with that of the surface, and an incision made upon them, by which they were at once set free. The wounds were united by the etheral solution of gun-cotton, and there was not the slightest inflammatory action. At the expiration of his sentence, the patient walked with perfect ease.

The bodies were composed of fibrous and osseous tissue, in about equal proportion.

The first removed weighed -	-	-	-	-	283 grs.
2d " " -	-	-	-	-	257 "

The length of the first was	-	-	-	$2\frac{1}{16}$ inch.
width " "	-	-	-	$1\frac{7}{16}$ "
thickness " "	-	-	-	$\frac{5}{8}$ "
The length of the second was	-	-	-	$2\frac{3}{8}$ inch.
width " "	-	-	-	$1\frac{1}{16}$ "
thickness " "	-	-	-	$\frac{9}{16}$ "

Trepanning of the inferior Maxillary Bone, and removal of a piece of the nerve of the same name.—Dr. Mason Warren related a case in which an operation had lately been performed by Dr. J. C. Warren, on a patient who had suffered the most excruciating torture from neuralgia, without any relief from long-continued and various modes of treatment. Since the operation there had been no return of the paroxysms. The bit of bone, marked with the groove for the passage of the nerve, was exhibited.

Effusion into pleural cavities suddenly fatal after scarlet fever.—Dr. C. E. Ware had attended a child, four or five years of age, with mild scarlet fever, from which the convalescence was good. A week after his discontinuance of visits, he was recalled, and found general anasarca. Under the use of diuretics, as uva ursi, this disappeared, and quinine had been prescribed and taken one day.

The next morning, the child was well enough to be playing about the house, but was observed to have a little shortness of breath, which gradually increased towards the latter part of the day, unaccompanied by any other symptoms. After taking a light supper, the dyspnœa became rapidly worse, and the child died in about four hours, from a gradually increasing suffocation. Percussion of both backs gave a dull sound, and there was absence of the respiratory murmur. Dr. W. diagnosed rapid dropsy of the pleural cavities. A similar case had occurred in his practice a year or two since.

Polypus of the Intestine.—Intussusception.—Dr. J. B. S. Jackson exhibited the specimen from a patient of Dr. C. Wild of Brookline, a female of seventy-five years of age. Although the bowels were habitually regular, she had taken aloetic pills twice, during the three weeks prior to her disease, on account of vertigo, &c.; these had operated mildly, and on a Sunday, she took the same for the third time; on Monday she had three discharges, and with the third, while in the privy, was seized with severe pain in the region of the cæcum. Dr. W. being called, discovered a tumour in the seat of the pain, tenderness about the umbilicus, with tympanitis in that region, and a contraction along the arch of the colon. The pain was relieved by an enema, and returned only once, and that but for a short time; there was a little nausea on Tuesday; she continued much prostrated until Friday, and then died. During these five days, large ene-

mata, several ounces of castor-oil, and one day five drops of croton oil were administered; the enemata were generally followed by discharges of bloody water; there was no fecal dejection after Monday, and no tenesmus except after the enemata. The tumour continued until death.

The specimen showed a polypus the size of the thumb, in the small intestine,—three feet from the cæcal valve, attached by a short pedicle; the invagination commenced here, and the polypus protruded into the large intestine three inches beyond the valve, and the whole was closely impacted—much swollen and infiltrated with serum and blood, and of a deep red colour. Above the invagination, the intestine contained a great quantity of liquid, and some oil; and below it was proportionately contracted.

Statistics of Cancer.—Dr. L. Parkman gave the result of the examination of the Hospital Records upon this subject. It appeared, that in 1847 there had been twenty-four operations for cancer,—four times as many as in any year since 1822, when the hospital was opened. This was in a considerable degree to be attributed to patients being attracted by the advantages to be obtained from etherization. Of cancer of the breast, there had been seventy-five cases since the opening of the hospital, and five of these had died: two of erysipelas, and three of internal disease, which existed at the time of operation, and should have precluded it. The results as regards the future state of patients, could not be known: the only fact shown was, that the operation was not a dangerous one.

24th. Ovarian Cyst.—Dr. J. B. S. Jackson presented the specimen from a patient of Dr. Thaxter, of Dorchester, a lady fifty years of age, married at forty, and who had had one child. The disease was of about four years' duration, and nearly six hundred pounds of fluid had been drawn off at different times,—sixty-four pounds even at one operation; the fluid was colourless and glutinous. The chief suffering was from distension, and the patient gradually sunk under the disease. The diseased mass, as shown to the Society, consists of one very large, dense, whitish cyst, with numerous smaller growths. These latter varied from one to five inches in diameter, and are of a regular rounded form, some being pedunculated, and others attached by a hard base to the interior of the large cyst. On being cut through they seem to consist, mainly, of an extremely viscid, gelatiniform substance, nearly, or quite transparent; mostly colourless, though in some of the masses deeply tinged with blood, and in a few of them is seen a soft, yellowish, opaque deposit; this is contained in a coarse lax cellular tissue, and surrounded by a membrane that is easily ruptured; no appearance of encephaloid disease. The uterus is much elongated, especially upon the side corresponding to the cyst, as so often happens in this disease. Right ovary healthy.

Congenital Abscess of Lachrymal Sac.—Dr. Bethune has observed this in a child, existing from its birth. He supposed it dependent upon malformation of the passage. A style was passed, though it was uncertain whether it did not pass by the os unguis. Dr. B. did not find similar cases recorded, except one by Berârd, of a congenital fistula of the sac.

May 8th.—Imperforate Rectum.—Dr. S. Parkman was called to the child fifty-two hours after birth, a male, born under the care of a midwife. No stools had passed; the abdomen was greatly distended and tympanitic, and the superficial veins much distended; there was constant vomiting of a thin yellow fluid. The anus was well formed and admitted the finger about half an inch. No protrusion, however, was felt. A trocar, and afterwards a sharp-pointed bistoury were passed up about an inch and a half in the direction of, but without reaching, the gut. The child died a few hours after. The specimen, which was exhibited, showed the rectum enormously enlarged, this being the consequence of its formation, and not the result of distension, as the sigmoid flexure terminated in it of the natural size. The rectum terminated in a blind pouch more than an inch distant from the small portion connected with the anus. Only loose cellular tissue intervened between the two portions. The specimen is in the cabinet.

June 26th.—Encephaloid Tumour from Labium Pudendi Externum.—Dr. J. B. S. Jackson presented the specimen removed by Dr. Lewis. It is a perfect example of the disease, two inches in diameter and well defined. The patient is a respectable married woman, forty-three years of age. At the age of eighteen she had a disease in the left groin near the labium, which was removed a year afterwards. At the age of twenty-eight the disease reappeared, and was again removed. As the result of these operations a scar now remains about three inches in diameter and surrounded by warty excrescences, which are said occasionally to disappear. No warts upon the labia as in elephantiasis. The encephaloid mass exhibited was first noticed six months since, and has grown rapidly with an occasional twinge, but scarcely any pain; before the operation it was fleshy to the touch; of a rounded form; movable and situated just beneath the skin, which was not adherent, and but slightly abraded in one point; there was scarcely any discoloration.

Chronic Ulcer of the Stomach; Hemorrhage from the Splenic Artery.—Dr. J. B. S. Jackson presented the specimen sent by Dr. S. Salisbury, of Medway, and taken from a man, who for three years had suffered from pain referred to the right hypochondrium, and which, during the last year from its increase, had incapacitated him from business. Six weeks before death there had been a copious hæmatemesis, and this had occurred at in-

tervals of one or two weeks since. The countenance was sallow throughout the disease. The stomach, which is in the society's cabinet, presents, in the pyloric portion, posteriorly close to the small curvature, a pale circular ulcer an inch in diameter, without induration or thickening, and passing through all the coats. The pancreas forms the base of the ulcer, which is adherent to it. Some of the granulations of this gland are seen, though the surface of the ulcer is mostly smooth. The large open orifice of an eroded artery is very conspicuous, and examination shows this to be the splenic of full size, and as healthy as usual in persons past middle age. The lips of the orifice present nothing unusual, and there is no clot in the interior of the vessel. The pancreas is otherwise healthy, and also the stomach; which, however, was found, on dissection, full of coagula and serum. An interesting point in this case was the sallowness of the countenance, which is generally considered characteristic of malignant disease.

July 10th.—Ovarian Cyst containing Hair, &c.—Dr. J. B. S. Jackson exhibited the specimen. The case occurred some years since in the practice of Dr. Harper of Sandwich, and the specimen, preserved in spirit, has been recently brought to the city by Dr. Lewis, and is by him presented to the society for their cabinet. The patient was an unmarried female, forty-nine years of age, and died from an attack of cholera. The general health was not good; countenance sallow, and the enlargement of the abdomen dated from a severe sickness that she had had thirty-three years before death. The cyst contained, by estimate of Dr. H., not less than two gallons of a muddy chocolate-coloured fluid, and floating in this a mass of hair and fat, the size of a full-grown fœtal head. The hair grows from the interior of the cyst by a peduncle more than a foot in length, like a scalp lock; the pores upon the surface from which it arises being well marked as in one of Cruveilhier's plates, which is shown with the specimen. There are also one or two other quite small patches of cutis on other parts of the cyst from which hair arises, besides some scattering hairs, about the origin of which there seems to be no especial development. Connected with the large cyst, and opening freely into it, is another, nearly the size of the first, and filled with two distinct masses of hair that seem to have no connection with its interior. In the walls of each of these cysts, but especially in the smaller one, there is a very considerable bony deposit, but no appearance of teeth, nor anything like a distinct fœtal bone.